



Canadian Academy of Health Sciences
Académie canadienne des sciences de la santé

Prospectus for a Major Assessment: Future of Canada's Healthcare System

Prepared by the
Canadian Academy of Health Sciences

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Future of Canada's Healthcare System- Question to be addressed

How can we contribute to the creation of a newly integrated and sustainable health care system that optimizes quality, access and expenditures through:

- Redesign of the scopes of practice of health professionals,
- Appropriate modifications to their education and training and

The Situation

Canada is viewed internationally as a country with a principle-centered health care system that cares for its citizens in an ecumenical fashion. This system, enshrined by the 1984 Canada Health Act and highly valued by Canadians across all regions of the country is seen as integral to our national character.

As we approach the 10 year anniversary of the 2004 federal-provincial health accord, relating to the transfer of tax payer dollars from the federal to provincial governments, it seems both prudent and timely to conduct an environmental scan of health care in Canada. Several fundamental trends will surely affect our future:

- A major shift towards ambulatory, community-based practice
- Increased focus on primary and secondary prevention
- More engagement and interest from better informed, internet-savvy individuals in assuming responsibility for their own health
- Longer life spans of Canadians with a commensurate proliferation of co-morbidities & chronic diseases stressing the health care system
- Advances in molecular medicine that promise novel enhanced diagnostic and therapeutic capabilities
- Increased utilization of sophisticated information technology to link patients and providers and to bring evidence of treatment effectiveness to both
- An ageing cadre of health care professionals inadequately prepared and organized to meet the health care challenges of tomorrow
- Growing concern about timely access to health care and its affordability.

The issues inherent in the provision of high quality, accessible healthcare for all Canadians at a sustainable societal cost are central to the thinking of politicians at every level and to leaders in every aspect of our society. Satisfactory solutions are of paramount importance to every Canadian. There are many strengths in the present Canadian healthcare system, but there are also significant areas of weakness that cause concern. The escalating costs, on both a per capita basis and as a proportion of GDP, coupled with the mounting challenges of accessibility and quality demand innovative solutions. It seems that incremental steps, primarily further resource commitments, are increasingly unlikely to be either feasible or successful. The vast

and varied complexion of the healthcare system, accompanied by the huge current expenditures and seemingly insatiable requirements/demands of an aging population with high expectations for access to the latest technologies, drugs and systems of care are daunting. Simply put, the status quo in our health care system is unsustainable. It is not surprising that many stakeholder groups are reviewing these issues with the intent to bring recommendations for changes into the public realm.

The configuration of responsibilities (“scopes of practice”) of Canadian health professionals is rooted in Victorian times. Only recently has this configuration shown much diversification. Physicians and nurses formed the original core and were later joined by physical and occupational therapists, speech language pathologists, pharmacists and others. Slowly new roles and new types of providers have been created, including midwives, primary care and acute care nurse practitioners and physician assistants, but their introduction in Canada has lagged most other developed countries and has been piecemeal across the provinces. Canada has not been proactive in the creation of novel uses of our current workforce or new types of providers. There is limited understanding of whether we have the right configuration of professionals with appropriate scopes of practice to meet the needs of the current health care system or that of the future as far as it can be predicted. There has been no comprehensive analysis of the knowledge and skills required and whether these skills are present in the current workforce. We need answers to the questions of whether expanding the scope of some professions or introducing new types of providers such as physician assistants or health system navigators would provide cost-effective solutions to some health system accessibility issues, or whether some professions should reduce their participation in some care areas and focus their expertise in other areas to fill gaps and increase efficiency.

The issues of scope of practice and inter-professional collaboration are present not only in Canada, but also internationally. Many countries grapple with the challenges of moving systems and providing the right person to do the job at the right level. A review of the types of professions, their scopes of practice and their practice configurations in the health care systems of other countries such as the US, the UK, France and the Scandinavian countries would make a useful contribution to our understanding of whether we have the best configuration of professions deployed most effectively to achieve the quality and efficiency needed.

There is a long tradition of planning and forecasting manpower needs in our country, although there has been little follow through toward optimization of health human resources utilization and the development, recruitment and retention of qualified personnel. Team approaches and multidisciplinary care are well-understood as models and have been shown to lead to care outcomes that are better than those offered by any single health professional group. Successful and conclusive experiments and pilots have taken place, especially in primary care settings. Recently, attention has been paid to the implementation of supportive work environments, including organizational strategies for human resources development, as well as to adapted programs for initial and continuing training and education of health professionals. And yet, there has been only scattered implementation of new approaches to the distribution of responsibilities among health care professionals. Scaling up of innovative approaches appears to have met with myriad challenges posed by legislation and related regulatory frameworks, the organization of professional education and training programs, concerns about quality and safety, funding models and tradition. It could be that special practice environments (“innovation zones”), freed of some of the current constraints, might allow the wider deployment and evaluation of newer approaches to healthcare delivery by health professionals. Canada needs to move from conceptualization and testing of new models, to their incorporation in the healthcare system.

The CAHS proposes to contribute to the national dialogue on health care in Canada, by bringing its unique perspective to the development and implementation within the healthcare system, of innovative approaches to the provision of healthcare by health professionals:

- We will capitalize on the skills and experience of our member health scientists and academic clinicians, augmented by those of their colleagues from across the full spectrum of health disciplines.
- We will focus on conducting an assessment which includes an objective, systematic review of the evidence and makes practical recommendations for innovative change within the context of FPT governance and the complex framework of relevant health care organizations, including licensing bodies, professional organizations and the insurance industry. In so doing we will call upon the best and brightest minds of seasoned health care leaders and change agents around the world.

Potential Scope

The scope and deliverables of the Assessment will be based on joint agreement between CAHS and the Sponsors.

The procedures to conduct the Assessment will be determined by the Assessment Panel and may include receipt of written submissions, open and closed meetings of the Panel, and forums involving the Panel, Sponsors and leading authorities within and outside of Canada.

A forum “Smarter Caring for a Healthier Canada: Embracing System Innovation” was held on September 15, 2011 in Ottawa to inform the assessment. This provocative and stimulating full day symposium was led by Brian R. Golden, the Sandra Rotman Chaired Professor in Health Sector Strategy at the Rotman School of Management, The University of Toronto, and The University Health Network. An audience of 150 CAHS Fellows and invited guests interacted with panelists and speakers in this solutions-focused event that highlighted innovations that can truly change how the system operates and how care is experienced by Canadians. Adapting the model of the Citizens’ Jury process, the event included a Community panel charged with responding to what they had heard about disruptive innovation, equity, efficiency and sustainability and how they saw the ideas and examples impacting on citizens who receive care from the health care system.

Program presenters included:

- **Keynote:** Brian R. Golden;
- **Equity:** Nancy Edwards (presenter and panel chair)*; Margo Greenwood; Louise Nasmith*
- **Efficiency:** Jack Kitts; Patricia Kosseim; Robyn Tamblyn*; panel chair – Bartha Knoppers*.
- **Sustainability:** Don Drummond; Jeremiah Hurley; Kevin McNamara panel chair – Pierre-Gerlier Forest*.
- **Citizen’s Jury:** Cindy Blackstock; Sharon Sholzberg-Gray; Anne Snowdon;
- **Panel chair :** André Picard.

*=CAHS Fellows

Tentative Workplan

Phase I: Study Definition:

The CAHS Standing Committee on Assessments together with the Assessment Sponsors will define the precise nature of the question, the scope of the Assessment and the assessment deliverables.

Phase II: Panel Formation:

All Sponsors, the CAHS Fellowship, other interested parties and the public will be invited to suggest potential members of the Assessment Panel. The Standing Committee on Assessments will propose a membership list of the Assessment Panel to the CAHS Board. The Chair and approximately 25% of the members will be Fellows of CAHS. The remaining 75% of members will be selected from the best Canadian and international experts in the field and will include public representation.

The proposed panel will be posted on the CAHS web-site for comment and suggestions prior to finalization. Final approval of the Assessment Panel will rest with the CAHS Board.

Phase III: Panel Deliberation:

The Panel together with professional/ support staff will conduct their work. This will include environmental scanning, receipt of written submissions by interested parties, open hearings with presentations from interested parties, closed meetings and deliberations. Consideration will be given to launching the assessment process with a Major Forum involving leading international experts to which the Sponsors will be invited.

Phase IV: External Review:

A draft report will be received by CAHS and forwarded to an External Review Committee selected by the Standing Committee on Assessments. Sponsors will again be invited to suggest members of the External Review Committee. The Assessment Panel will subsequently evaluate its report based on recommendations from External Review. Approval and acceptance of the final report will rest with CAHS Council.

Phase V: Dissemination:

The final report will be distributed widely in printed format and posted on the CAHS web site. Other methods of dissemination, based on prior agreement with the Sponsors, will be utilized. These may include presentations, town hall meetings, non-print media, etc. in order to maximize the impact and uptake of the recommendations.

About the Canadian Academy of Health Sciences

The Canadian Academy of Health Sciences (CAHS) is comprised of over 400 Fellows who have attained the highest levels of academic and professional accomplishment in their respective fields. CAHS is not an advocacy group but rather an organization comprised of individuals from diverse backgrounds who have agreed to volunteer their time and expertise to participate in assessments of crucial health- and biomedical related issues affecting the lives of all Canadians.

The objectives of CAHS are to:

- Serve as a credible, expert, independent assessor of science & technology issues relevant to health of Canadians
- Support the development of timely, informed & strategic advice on urgent health issues
- Facilitate development of sound & informed public policy on these issues
- Enhance understanding of health-related science & technology issues affecting the public by transmitting results of assessments & providing opportunities for public discussion
- Provide a single authoritative & informed voice for the health science communities
- Monitor global health issues to enhance Canada's state of readiness for the future
- Represent Canadian health sciences internationally & liaise with international academies to enhance understanding and potential collaborations.

More information about CAHS can be obtained through the following website (<http://www.cahs-acss.ca>) and/or an article by Drs. Schechter and Armstrong published in *CMAJ* (The Canadian Academy of Health Sciences: Coming of age at the right time. (Editorial) *CMAJ*. 2008;178 (8):1029-1031).

Remarkably, until recently, Canada has been unique in not having this type of resource as compared with many other countries such as the United States, France, the Netherlands, and the United Kingdom. This has now been transformed and two recent assessments highlight reports that have had a meaningful impact:

- *The Return on Investments in Health Research: Defining the Best Metrics* ((available online in English http://www.cahs-acss.ca/wp-content/uploads/2011/09/ROI_FullReport.pdf and in French http://www.cahs-acss.ca/wp-content/uploads/2011/09/ROI_FrenchReport.pdf)
- *Transforming Care for Canadians with Chronic Health Conditions: Put People First, Expect the Best, Manage for Results* (available online in English: <http://www.cahs-acss.ca/wp-content/uploads/2011/09/cdm-final-English.pdf> and in French <http://www.cahs-acss.ca/wp-content/uploads/2011/09/cdm-final-French.pdf>)